difference in the manner of origin, a difference in the seasons of occurrence, and a difference in the modes of attack; a difference in the series of symptoms; a difference in the external appearances, and a difference in the duration of the diseases; a difference in the ages at which they occur, a difference in the sexes in which they principally prevail, and a difference in the mortality which they respectively occasion. While the great and crowning difference of all is, the existence of a particular anatomical lesion in one, and the absence of any obvious anatomical lesion in the other.

Surely two diseases which differ in all these particulars cannot be identical.

M. Bouillaud, in his work on essential fevers, has cited various examples of adynamic and ataxic forms, in which the digestive tube presented no appreciable lesion; but, as M. Valleix well observes, we must bear in mind that these adynamic and ataxic fevers, are neither more nor less than diseases of different kinds, accompanied by what M. Andral calls the typhoid state. In a more recent work* M. Bouillaud admits only two forms of fever—the gastro-duodenite, or bilious fever, and the entero-mesenteric fever, or dothiénenterie; and since he has adopted this improved classification the latter disease has always been found to present the characteristic lesion of the intestinal follicles.

This circumstance shows the importance of obtaining definite ideas of things, and not being led away by the influence of names; it illustrates, also, the advantage of seeking some more satisfactory and permanent principle, than that which the shifting semblance of superficial symptoms may afford, whereon to establish the identity of a disease.

If pathological anatomy afford such a principle—and who will say that this is not the most secure, if not the only sure, foundation on which a natural aud scientific nosology can be based—then, indeed, must dothiénenterie be considered a disease distinguished *per se* from every other malady that flesh is heir to—a disease in which the anatomical character is so invariable, that the few exceptions which ever do occur serve only to confirm the existence of the general fact, and show it is merely something less than universal, a circumstance which the anology among natural phenomena would have led us to expect.

If, however, the anatomical lesion be sometimes absent in seeming cases of dothienenterie, it is never present in any other disease. This is the stronghold of dothiénenterism. Here the partisan of this ill-fated, I might almost say ill-treated, disease, may take his stand, in the words of the Venusian bard it may be said to him,

" ——— Hic murus aheneus esto;"

and from this impregnable position, as from behind a wall of firmest brass, he may not only defy the feeble efforts of his adversaries to dislodge him, but may most successfully defeat the attacks of those who, in the sweeping declaration, typhus fever, would annihilate the claims of dothiénenterie to be considered a distinct disease.—*Lancet*, Feb. 29, 1840.

26. *Plastic Bronchitis treated by Mercury.*—Dr. Cane has published in our contemporary a valuable paper, on Plastic Bronchitis, or Bronchial Polypi. The concluding observations, short as they are, exhibit its object.

"The facts, I conceive, derivable from the cases now presented to the Profession are, that plastic bronchitis is a disease *sui generis;* that the sputa are essentially distinct from those bodies termed polypi, and which are no more than coagula, freed of the colouring matter of the blood; I allude to those found in the heart; and those sometimes ejected from the bronchi of patients who have had hæmoptysis. With those they have no character in common, except that of shape, being moulded in tubes of a like form; indeed it is unnecessary to dwell upon the differences, for the preparations, as exhibited on the plate, will at once display them. That as far as the two cases, now published, go, they are not indicative of phthisis, and that mercury is a certain remedy for

* Clinique Medical.

cure, are facts the more valuable, because of the concurring testimony afforded by the valuable case of Dr. Corrigan."

Dr. Corrigan's case happens to be more concise than Dr. Cane's, for which, and for no other reason, we cite *it*. To Dr. Cane is due the merit of the paper.

Case. On the 14th August, 1839, Mr. A. aged 40, called on Dr. Corrigan.

"As he entered my study, his aspect seemed that of a man in the last stage of valvular heart disease: his countenance was sunken and anxious, his lips were bluish, and his respiration so laboured as to be almost painful to look at; each inspiration was accompanied with a wheezing, so loud that, at first, I thought it was produced in the larynx, but his voice was unaltered. He told me that, notwithstanding his apparent distress of breathing, he was at that moment comparatively easy; that at times the distress of breathing became most severe. On several occasions within the last three weeks, he had attacks of suffocation, coming on in the course of the night, lasting so long as half an hour, and as he described them, threatening almost death. Sometimes, for hours, he has been obliged to sit up, with the window open. These fits terminated in expectoration. He has no palpitations; his appetite is good, and his bowels are regular, he attributes his illness to cold, as its commencing cause, caught about twelve months since, when, after exposure on a coach, he got cough; then in the spring, influenza; and within the last three weeks the suffocative attacks. On examining the chest, I found the sounds of the heart quite natural, and the sound on percussion over the chest good; but on applying the stethoscope under the right clavicle, my attention was at once suddenly arrested by the great irregularity of the respiratory murmur. At one moment the respiratory murmur was very loud, and the next instant it was nearly inaudible. The clear wheeze, above noticed, (*rale sibilant*) was immoderately loud and piercing under the right clavicle, but on tracing upwards with the stethoscope, it became less loud as the stethoscope approached the larynx. These singular varieties in the respiration made me suspect the existence of aneurism or tumours, &c., pressing on the larger bronchia, but I sought in vain for any sign of their existence. I then desired him to cough very freely. He coughed, hard and with a bronchitic ringing, for some moments, and after some efforts expectorated four or five bronchial polypi or moulds of lymph of the bronchial tubes. Of these plastic concretions, one was as thick as a small-sized goose-quill and about an inch and a half long; several were much smaller in diameter, but longer, and all were white, opake, and remarkably tough. The expulsion of these plastic secretions was immediately followed by a very remarkable change in the state of respiration. The respiratory murmur instantly became suddenly loud, and equal in both lungs, and the wheezing ceased, nor could he again, by coughing or by any effort, reproduce it. The nature of the case was now clear: some of the bronchial tubes had taken on this plastic secretion, and as this formed each successive night, it blocked up the bronchial tubes, until, at last, the obstruction in these tubes rose to such a height as to bring on impending suffocation. From this he only got relief by fits of coughing, which dislodged the secretion, and then there was an interval of ease until the secretion began again to be formed.

Dr. Corrigan directed the cessation of the antispasmodics, &c., and ordered him 10 gr. of hyd. c. magnesia three times a-day, with full doses of aqua kal caustici, and desired him to inhale, twice a-day, the steam of water in which conium leaves were infused. In five days the mouth grew sore, the plastic secretion ceased, and on the 26th inst. the patient was well.—*Med. Chir. Rev.* from *Dublin Journal*, March, 1840.

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27. *Abscess between Pharynx and Spine.*— Dr. Fleming relates two highly interesting cases, and adds many observations, illustrative of the occurrence of acute suppuration in the loose cellular tissue behind the pharynx. We shall take the first case.

Case. It was that of a boy. His age was three years and a half, and in appearance he was healthy. The premonitory symptoms of his attack, at first